

Social Value Feedback form

Name: _____

Age: <25 25-49 >50

CHS Tenant: Yes No

Date: _____

1. Thinking back over the last 12 months, how would you say that your health has been on the whole, compared to people of your own age?

*Excellent *Good Fair Poor Very Poor

2. Do you suffer from depression or anxiety?

Yes *No Prefer not to answer

3. Have you recently been losing confidence in yourself?

*Not at all No more than usual Rather more than usual Much more than usual

4. Would you say you had a problem with drugs or alcohol?

Yes *No Prefer not to answer

5. 'I feel that what happens to me is out of my control'

Often Sometimes *Not Often *Never

6. Do you currently owe any money or have debts to pay? (do not include mortgages or credit cards etc being paid off this month)

Yes *No

7. Are you employed?

*Yes No

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8. If you are employed, are you...

*Full-time Employed

*Part-Time Employed

*Self-employed

9. Do you volunteer at least once a month?

*Yes

No

10. Do you attend voluntary groups at least once a month?

*Yes

No

11. Are you enrolled in a course or are attending some form of training?

No

*Government Training Scheme

*Apprenticeship

*Vocational Training

*General Training for job

*Employment Training